

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A

PAYMENT ISSUE DATE: 11/27/2012

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,224,209.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,224,209.29
YTD Amount:	\$	14,052,198.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	8,823.33
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,508.33
YTD Amount:	\$	34,511.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A

PAYMENT ISSUE DATE: 11/27/2012

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	114,349.38
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	52,322.98
YTD Amount:	\$	312,294.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	737,964.28
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	142,904.98
YTD Amount:	\$	1,431,120.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	117,577.02
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	26,181.12
YTD Amount:	\$	238,250.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	93,241.49
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	13,242.69
YTD Amount:	\$	166,383.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.02081557
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,637,067.77
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,637,067.77
YTD Amount:	\$	7,134,895.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	110,240.89
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	32,105.09
YTD Amount:	\$	246,059.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	426,833.97
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	73,305.17
YTD Amount:	\$	799,700.96

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.02542398
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,999,502.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,999,502.21
YTD Amount:	\$	8,714,509.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200101A
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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	105,759.63
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	26,966.33
YTD Amount:	\$	224,559.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	742,856.08
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	54,537.88
YTD Amount:	\$	1,172,662.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200101A
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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	736,109.01
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	96,666.81
YTD Amount:	\$	1,289,886.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	143,830.73
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	33,805.03
YTD Amount:	\$	296,786.05

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,361,859.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,361,859.95
YTD Amount:	\$	5,935,448.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	366,884.25
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	83,600.95
YTD Amount:	\$	749,156.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00205165
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	161,354.70
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	59,058.40
YTD Amount:	\$	396,349.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00147003
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	115,612.44
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	46,901.14
YTD Amount:	\$	297,746.99

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.32827787
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	25,817,843.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,817,843.15
YTD Amount:	\$	112,522,930.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	361,462.37
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	73,247.67
YTD Amount:	\$	710,729.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	856,102.83
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	83,511.93
YTD Amount:	\$	1,413,414.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	61,605.23
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	18,099.03
YTD Amount:	\$	137,977.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	233,305.07
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	67,805.17
YTD Amount:	\$	520,325.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	451,044.45
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	451,044.45
YTD Amount:	\$	1,965,804.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	67,948.05
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	21,044.65
YTD Amount:	\$	155,427.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	96,977.98
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	60,047.08
YTD Amount:	\$	311,870.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00843636
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	663,488.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	663,488.58
YTD Amount:	\$	2,891,708.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	360,918.93
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	54,622.23
YTD Amount:	\$	654,117.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	228,904.80
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	42,825.50
YTD Amount:	\$	439,406.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.05520311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,341,520.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,341,520.90
YTD Amount:	\$	18,921,821.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00358832
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	282,208.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	282,208.13
YTD Amount:	\$	1,229,958.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	97,046.40
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	6,527.20
YTD Amount:	\$	151,403.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,543,540.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,543,540.42
YTD Amount:	\$	11,085,610.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,633,545.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,633,545.62
YTD Amount:	\$	11,477,885.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	138,514.24
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	29,913.14
YTD Amount:	\$	277,889.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,825,336.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,825,336.44
YTD Amount:	\$	12,313,774.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.06138058
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,827,356.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,827,356.12
YTD Amount:	\$	21,039,259.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.06260938
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,923,996.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,923,996.71
YTD Amount:	\$	21,460,449.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.01414137
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,112,166.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,112,166.57
YTD Amount:	\$	4,847,199.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	370,321.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	370,321.88
YTD Amount:	\$	1,613,988.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,142,733.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,142,733.24
YTD Amount:	\$	4,980,419.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	682,633.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	682,633.46
YTD Amount:	\$	2,975,148.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.03493360
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,747,398.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,747,398.74
YTD Amount:	\$	11,974,096.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	462,953.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	462,953.08
YTD Amount:	\$	2,017,706.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	632,625.41
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	96,524.11
YTD Amount:	\$	1,148,892.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 Percentage of collection: 0.67042825
Gross monthly apportionment: \$78,646,310.02 County/City Ratio: 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	22,497.56
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,908.76
YTD Amount:	\$	57,285.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00227384
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	178,829.13
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	41,625.73
YTD Amount:	\$	367,787.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	901,566.69
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	214,453.99
YTD Amount:	\$	1,867,995.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.01854597
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,458,572.11
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	140,236.21
YTD Amount:	\$	2,401,943.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.01149563
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	904,088.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	904,088.88
YTD Amount:	\$	3,940,326.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	352,798.70
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	53,186.90
YTD Amount:	\$	638,781.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00302136
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	237,618.82
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	46,388.92
YTD Amount:	\$	461,934.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,528.86
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	39,379.16
YTD Amount:	\$	254,689.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.01023676
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	805,083.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	805,083.40
YTD Amount:	\$	3,508,826.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	184,061.46
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	38,529.46
YTD Amount:	\$	365,605.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,067,143.13
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,067,143.13
YTD Amount:	\$	4,650,972.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	293,635.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	293,635.44
YTD Amount:	\$	1,279,762.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	287,919.42
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	48,361.42
YTD Amount:	\$	536,173.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	96,943.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	96,943.37
YTD Amount:	\$	422,509.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected:	\$117,307,571.72	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$78,646,310.02	County/City Ratio:	0.00559312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	439,878.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	439,878.25
YTD Amount:	\$	1,917,138.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200101A
PAYMENT ISSUE DATE: 11/27/2012

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 10/16/2012 TO: 11/15/2012

Total amount collected: \$117,307,571.72 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$78,646,310.02 **County/City Ratio:** 0.00187637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	147,569.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	147,569.58
YTD Amount:	\$	643,158.31